Palliative Care an essential component of education—why and how? Learning lessons from abroad

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‘You are the difference you make’

Henri Nouwen

Questions for consideration

• Why do we need education in palliative care?

• What do we need palliative care education to do?

• What have we learnt across Europe?

• What does an educated palliative care workforce look like?
Why we need palliative care education
People continue to be failed by the health and social care system.

End-of-life care in hospitals falls short of expectation.

Overall, quality of care has not improved since 2011.

Fragmentation versus co-ordination.

‘we have only one chance to get end-of-life care right for an individual and at present this chance is sadly being missed on too many occasions’

Clare Henry, CE, National Council for Palliative Care, UK
Defining Palliative Care

• ‘An interdisciplinary approach to improving the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual’

• World Health Organisation 2002
Defining Palliative Care

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• World Health Organisation 2002
Historical model

Curative care

Palliative Care
TOTAL PAIN

Physical

Psychosocial

Spiritual
What do we need palliative care education to do
The ‘competent’ practitioner
Nurses 'are losing their sense of compassion’
Nurses in the NHS too often lack ability, compassion or even the simple desire to work in the profession, a report warns.
The report adds to growing concerns that nurses’ training has become too academic.
WHO Model of Public Health

Policy
- Palliative care part of national health plan, policies, related regulations
- Funding/service delivery models support palliative care delivery
  - Essential medicines
  (Policy makers, regulators, WHO, NGOs)

Drug Availability
- Opioids, essential medicines
- Importation quota
- Cost
- Prescribing
- Distribution
- Dispensing
- Administration
  (Pharmacists, drug regulators, law enforcement agents)

Implementation
- Opinion leaders
- Trained manpower
- Strategic & business plans – resources, infrastructure
- Standards, guidelines measures
  (Community & clinical leaders, administrators)

Education
- Media & public advocacy
- Curricula, courses – professionals, trainees
- Expert training
- Family caregiver training & support
  (Media & public, healthcare providers & trainees, palliative care experts, family caregivers)
DIENSIONS OF THE PALLIATIVE CARE LEARNING PROCESS

Level 1 Level 2 Level 3

self-awareness + communication + ethics
What lessons have we learnt across Europe
A beacon for practice
Collective Members of the EAPC in 2014.
Core competencies in palliative care: an EAPC White Paper on palliative care education – part 1

The European Association for Palliative Care (EAPC) outlines what core competencies health- and social care professionals involved in palliative care should possess, in a consensus White Paper prepared by Claudia Gamondi, Philip Larkin and Sheila Payne
Domains of Competency

Australia

• Therapeutic relationship
• **Clinical** care
• Collaborative practice
• Leadership
• **Professional** practice

APCA/HAU

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One example...

palliative ch  working together + proficient
And another...
What does an education palliative care workforce look like?
burnout:

exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration.
You matter because you are you and you matter to the last day of your life. We will do everything we can to help you die peacefully and to help you live until you die.”

― Dame Cicely Saunders

Dame Cicely Saunders
1918 - 2005
A visionary team
Who am I who cares?
“Our knowledge and skills as caregivers determine our clinical effectiveness. Through competent curative and palliative interventions we lessen fear, offer comfort and build trust. **We facilitate letting go**

‘Our [palliative] identity is primarily shaped by the quality of the care we offer, rather than by proficiency with a demanding new knowledge base and skills set

‘Who we are as persons determines the quality of our relationships and is the most potent medicine we give our patients’.
In order to have compassion for others, we need to have compassion for ourselves’
Pema Chödrön
Reconstruction
Sunrise in Connemara

Horizon Scanning
Practitioners who exhibit Critical thinking

Judgement

Wisdom
Thank you!